

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/647964	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		# IND.	# DEP.	# IND.	# DEP.	# IND.	# DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
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44	/						94					
45	/						95					
46	/						96					
47	/						97					
48							98					
49							99					
50							100					
TOTAL IND.	6		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.	41	↓		↓		↓	TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	47						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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